

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 673139	RECEIPT DATE:	10 / 11 / 00
IA NUMBER:	PCT/ GB99 / 01170	IA FILING DATE:	04 / 16 / 99
FAMILY NAME:	REVELL	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	PETER ALLEN	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	04 / 17 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	23530-0003	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: SHAW PITTMAN

STREET: 2300 N STREET N W

CITY: WASHINGTON

STATE/COUNTRY: DC ZIP: 200371128

EMAIL:

APPLICATION TITLES:

BONE IMPLANT

TAB TO LAST POSITION,PUSH SEND